PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 09/671115													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL E	YTITM	OR	OTHER SMALL E		
TO	TAL CLAIMS							RATE	FEE		RATE	FEE	
FO)R		NUMBER FILED		NUMBER EXTRA			BASIC FE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		•			XS 9=		OR	X\$18≃		
INDEPENDENT CLAIMS			minus 3 =		•			X43=		OR	X8,6÷		
MU	ILTIPLE DEPEN	IDENT CLAIM PF	RESENT						 		+290=		
	the difference	ia columa 1 is l	less than zer	ro enter	"0" in c	column 2		+145=		OR	L		
* If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II								TOTAL	<u></u>	UH	OTHER	THAN	
	С	LAIMS AS A `(Column 1)	меирер	- PAH (Colur		(Column 3)		SMALL	ENTITY	OR	SMALL E		
AMENDMENTA	3/8/4	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- .TIONAL FEE	
DME	Total	. 15	Minus	6	20	=		XS 9≡		OR	X\$18=		
MEN	Independent	. 4	Minus	***	4	=		X43=		OR	×86=		
Ā	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM]	+145=	,	OR	+290=		
								TOTAL	 	OR	TOTAL		
								ADDIT. FEEOR ADDIT. FEE					
AMENDMENT B	9/13/4	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	•	(Colur HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 17	Minus	" 0	0	=] [X\$ 9=		OR	X\$18=		
MEN	Independent	. 4	Minus	4+4	4	=		X43=		OR	X86=	·	
٨	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT	CLAIM ·		╛╽	+145=	1	OR	+290=		
								TOTA		₹			
								ADDIT. FE	E L	100	ADDIT. FEE	L	
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER		NUM PREVI	MN 2) HEST IBER OUSLY FOR	(Column 3) PRESENT EXTRA]	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	AMENDMENT .	Minus	#		=	1	X\$ 9=	1-1	OR	X\$18=		
	Independent	• \	Minus	***		=			 	1	V06-	1	
AA	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM]	X43=	 	OR	ļ 		
+145= OR +290=												ļ	
* If the entry in column 1 is less than the entry in column 2, write '0' in column 3. **If the entry in column 1 is less than the entry in column 2, write '0' in column 3. **If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter '20. ***If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter '3.											L		
***	ll the "Highest Nu The "Highest Nun	mber Previously Pa ober Previously Pa	aid For IN THI id For (Total or	5 SPACE Independ	is less th Jent) is th	an 3, enter 13. le highest numb	oer fo	und in the a	appropriate bo	ox, ju c	olumn 1.		

FORM PTO-875 (Rev 10/03)

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Palent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Application or Docket Number

